

# **EXHIBIT 8**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395867</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>11/22/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>LAKEVIEW HEALTHCARE AND REHAB</b>  STATE LICENSE NUMBER: <b>194802</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>15 WEST WILLOW STREET SMETHPORT, PA 16749</b>		
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F 0000	INITIAL COMMENT		F 0000		
F 0689	Based on an Abbreviated Complaint Survey completed on November 22, 2023, it was determined that Lakeview Healthcare and Rehab was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.		F 0689		
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0689  SS=D	Continued from page 1  483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by:	F 0689	1. Nursing Home Administrator will educate maintenance manager on policy and procedure for Hoyer Optium safe working conditions according to operating manual.  2. ISS Solutions is scheduled to inspect lift on 12/08/2023 and going forward maintenance manager will continue to do daily, monthly, and an annual inspection.  3. Maintenance manager will conduct audits weekly x 4 and monthly x 3 and annually to ensure we are following the operating manuals recommendations for safe working conditions.  3. Findings will be reported to QAA for further review and monitoring.	Completion Date: <b>01/21/2024</b> Status: <b>APPROVED</b> Date: <b>12/07/2023</b>	

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F 0689  SS=D	<p>Continued from page 2</p> <p>Based on review of manufacturer's instruction manual for the Hoyer lift (full body, mechanical lift machine), observations, and staff interview, it was determined the facility failed to establish that all Hoyer lift inspections were completed at least annually to ensure safe, proper functioning for one of one Hoyer lifts observed.</p> <p>Findings include:</p> <p>Review of the facility Hoyer lift manufacturer's instruction manual revealed that "...a yearly service, inspection and test will ensure a lift is kept in optimum safe working condition..."</p> <p>Observation on 11/18/23, at approximately 12:00 p.m. revealed the facility Hoyer lift in the corridor with a lift inspection sticker on the machine that identified the Hoyer lift service company had last serviced/inspected the machine in November 2021 and the next inspection was due in November 2022.</p>	F 0689			

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F 0689  SS=D	Continued from page 3  During an interview on 11/18/23, at 12:10 p.m. the Maintenance Director confirmed that the last Hoyer lift service/inspection conducted by the service company was from November 2021 and that the lift was not serviced/inspected annually.  Observation on 11/21/23, at 1:17 p.m. of the the Hoyer lift operation for one resident being transferred to bed revealed that during the process of elevating into the air, the lift paused and the nurse aide hit the battery casing and the lift proceeded to continue to operate. While the resident was being elevated into the air, the lift elicited a loud screeching/grinding noise during the entire motion upward.  28 Pa. Code 201.14(a) Responsibility of licensee  28 Pa. Code 201.18(b)(1) Management  28 Pa. Code 201.18(e)(1) Management	F 0689			

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F 0836  SS=F		F 0836			

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F 0836  SS=F	Continued from page 5  483.70(a)-(c) License/Comply w/ Fed/State/Loel Law/Prof Std  §483.70(a) Licensure. A facility must be licensed under applicable State and local law.  §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.  §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph.	F 0836	1. Facility Nursing Home Administrator reviewed current vendors outstanding balances from 7/15/2023 to current with corporate controller and corporate operations manager to discuss payment status of outstanding balances.  2. Payments were discussed with corporate, and they agreed to make payments to both agency vendors and (6) six various other vendors by end of December of 2023.  3. Facility Administrator or designee will be in contact weekly with corporate controller and corporate operation manager and review invoices before they become past due by utilizing updated ledgers. The weekly contact discussion will include what payments are being made and date they are being mailed or paid via credit card.  4. The facility Administrator or designee will conduct an audit of paid invoices weekly x 4, and random audits of invoices completed	Completion Date: <b>01/05/2024</b> Status: <b>APPROVED</b> Date: <b>12/11/2023</b>	

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F 0836  SS=F	Continued from page 6  This REQUIREMENT is not met as evidenced by:	F 0836	monthly x 2. If needed, calls to vendors will be made to verify payment has been submitted.  4. Results will be submitted to the facility Quality Assessment and Assurance Committee.		



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F 0836  SS=F	<p>Continued from page 7</p> <p>Based on a review of vendor invoices and staff interviews, it was determined that the facility failed to operate in compliance with state regulations and codes and failed to pay vendors in a timely manner.</p> <p>Findings include:</p> <p>28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations subsection 201.14(g), dated July 1, 2023, revealed that a facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the resident's health and safety are jeopardized.</p> <p>Review of the facility's Accounts Payable Ledger, on 11/20/23, that reflected amounts due through 7/15/23, revealed a combined outstanding balance of \$93,410.66 for two vendors that provided agency nurse staffing services for the facility. The ledger also revealed multiple outstanding payments due for a variety of other vendors.</p>	F 0836			

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F 0836  SS=F	Continued from page 8  During an interview on 11/21/23, at 1:34 p.m. the Nursing Home Administrator confirmed that the facility's Accounts Payable ledger as of 11/20/23, was up to date and accurate.  28 Pa. Code 201.14 (g) Responsibility of licensee	F 0836			

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P 5480	<p>Nursing services.</p> <p>(e) The facility shall designate a charge nurse who is responsible for overseeing total nursing activities within the facility on each tour of duty each day of the week.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5480	<p>1. Nursing Home Administrator will re-educate Director of Nursing and Scheduler on staffing ratios regulation effective July 1, 2023.</p> <p>2. Director of Nursing/Designee will complete a 4 week look out daily for 8 weeks to identify that the Charge Nurse ratio is being met.</p> <p>3. Bonuses will be offered as an incentive to pick up charge nurse shifts. HR will continue to work on hiring additional licensed nursing staff by placing ads on Indeed and monitoring open nursing positions as they apply and processing applicants in a timely manner. HR will also offer a sign on bonus as well as referral bonus if applicable.</p> <p>4. Director of Nursing/Designee will monitor the daily /weekly staffing sheets.</p> <p>5. Findings will be reported to QAA for further review and monitoring.</p>	<p>Completion Date: <b>01/24/2024</b> Status: <b>APPROVED</b> Date: <b>12/07/2023</b></p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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P 5480	Continued from page 1  Based on review of the facility provided staffing documents and staff interview, it was determined that the facility failed to ensure a charge nurse who is responsible for overseeing total nursing activities within the facility was on each tour of duty each day of the week for three of 21 days reviewed (11/5/23, 11/6/23, and 11/9/23).  Findings include:  Review of facility provided staffing information for 11/5/23, 11/6/23 and 11/9/23, revealed overnight shift lacked a charge nurse to oversee total nursing activities within the facility.  During an interview on November 20, 2023, at 2:18 p.m. the Director of Nursing confirmed that the facility failed to meet the required charge nurse staffing on each tour of duty each day of the week.	P 5480			

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P 5530	Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	1. Nursing Home Administrator will re-educate the DON. DON or designee will educate scheduler on staffing ratio regulations that were effective on July 1, 2023.  2. Bonuses will be offered as an incentive to pick up nursing LPN shifts. HR will continue to work on hiring additional licensed nursing staff by placing ads on Indeed and monitoring open nursing positions as they apply and processing applicants in a timely manner. HR will also offer a sign on bonus as well as referral bonus if applicable.  3. Director of Nursing/Designee will complete a 4-week lookout daily for 8 weeks to identify that the LPN ratios are being met, as well as monitor the daily/weekly staffing sheets.  4. Findings will be reported to QAA for further review and monitoring.	Completion Date: <b>01/24/2024</b> Status: <b>APPROVED</b> Date: <b>12/07/2023</b>	

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P 5530	<p>Continued from page 3</p> <p>Based on review of facility provided staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Licensed Practical Nurse (LPN) per 40 residents on the overnight shift was met for one of 21 days reviewed (11/03/23).</p> <p>Findings Include:</p> <p>Review of facility provided staffing documents for November 3, 2023, during the overnight shift, revealed a census of 33 residents. The information also revealed one Registered Nurse staff was working that shift and no LPN; therefore, not meeting the minimum of one LPN required for the facility census of residents on that shift.</p> <p>During an interview on November 20, 2023, at 2:18 p.m. the Director of Nursing confirmed the facility did not meet the required LPN ratio for the above date and shift.</p>	P 5530			



# Certified End Page

**LAKEVIEW HEALTHCARE AND REHAB**

**STATE LICENSE NUMBER: 194802**

**SURVEY EXIT DATE: 11/22/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY